

## **APPENDIX A: ADP HIPAA CLAIM Testing and Certification Procedure For Counties, Direct Providers, and Vendors**

### **Testing Steps**

- Step 1** Prepare county/direct provider/vendor 837P testing data.
- Step 2** Submit test data for HIPAA level 5 compliance. All claim files must meet WEDI SNIP Type 1 to 5 requirements as defined on page 3 of this document. If the county does not have a testing tool, a suggested product is available at [www.claredi.com](http://www.claredi.com).
- Step 3** Obtain access to the Department of Mental Health's (DMH) Information Technology Web Server (ITWS) HIPAA 837 testing area:

Submit a new user request to obtain a user ID from the ITWS. If the county/direct provider/vendor test contact does not have a user ID for the ITWS, a new user request for access to ITWS HIPAA testing area must be submitted. For detailed new user enrollment instructions, go to [https://mhhitws.cahwnet.gov/demo/How to Enroll\\_files/frame.htm](https://mhhitws.cahwnet.gov/demo/How to Enroll_files/frame.htm).

Access to the ITWS HIPAA testing area will **NOT** be available until the county/direct provider/vendor test contact receives the authorization approval e-mail. The process can take three to five days. For answers to user access questions, contact: Loren Rubenstein at (916) 654-6249.

- Step 4** Compress file and name the county/vendor test data as follows:  
The compressed claim file name must be in the format:  
ADP\_SDM\_cc\_T\_837\_yyyymm\_##.zip

The text claim file name must be in the format:  
ADP\_SDM\_cc\_T\_837\_yyyymm\_##.txt

cc: County code

yyyy: Calendar year applicable to the service period of the claims. Only one state fiscal year of claims may be included in a single text claim file.

mm: Calendar month applicable to the service period of the claims. **DO NOT** cross fiscal years or service months within a single text claim file.

##: Sequential number defining the number of files created for the same service period year and month. This character must sequence from "01" through "99".

Each claim file must be compressed and encrypted using PKZip® V6.0.147 or Winzip® V8.0 (or above). Each zip file may contain only one claim file. **DO NOT** cross fiscal years or service months within a single text claim file.

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**Step 5** Upload to ITWS:  
A password is necessary for compressing the file. For detailed instructions, go to <https://mhhitws.cahwnet.gov/demo/Uploading%20Datafiles/frame.htm>

**Step 6** Contact the county/direct provider/vendor ADP Testing Representative: Claudio Mejia at (916) 323-1694; emailed at [cmejia@adp.state.ca.us](mailto:cmejia@adp.state.ca.us) or Linda Bunker at (916) 327-7471; e-mailed at [lbunker@adp.state.ca.us](mailto:lbunker@adp.state.ca.us) .

The ADP representative will send the test claim file through the translator and assist with any errors or problems.

**Step 7** Check ITWS for Test Results:  
ITWS will display the status of the submitted file, including 997 file download, translation errors, and translated claim file, Short Doyle/Medi-Cal (SD/MC) pre-edit results.

**Step 8** Begin process to receive Certification for Production:  
The first file submitted should be a file with a few records to ensure that communication with the ITWS and X12 format requirements are met. After this file has been successful in an end to end test, then submit one 837 claim file that is equal to your average size submission through ITWS. Upon successful completion of this step, you will be certified by ADP for sending 837 claims into the SD/MC production environment (actual vs. test site).

**Step 9** ADP Certifies County/Direct Provider/Vendor for SD/MC Production Processing:  
The following certification procedure will ensure the accuracy of the production HIPAA claim submissions.

### ***Translator Certification***

Once 80 percent of the 837 test file (total reported [claimed] dollar amount) is successfully translated into the proprietary format, it will be sent to the SD/MC system for processing, and the explanation of balances (EOB) and 835 will be returned to the ITWS.

### ***SD/MC Certification (County/Direct Provider/Vendor Acceptance)***

The county/direct provider/vendor should review the test EOB and 835 files from the ITWS to confirm the adjudicated test HIPAA claim meets their expectations. An e-mail confirmation of test file acceptance and readiness for production claim file submission must then be sent to the ADP representative. The certification procedure will not be completed until ADP receives this confirmation from the county/direct provider/vendor.

After the testing and certification is completed, ADP will send an e-mail to the test contact, and a follow-up letter will be sent to the county/direct provider/vendor. This certification allows the county/direct provider/vendor to begin submitting production claims in HIPAA format.

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### ***Workgroup for Electronic Data Interchange – Strategic National Implementation Process (WEDI SNIP) Testing Type 1 to Type 5***

From: Transaction Compliance and Certification  
WEDI SNIP – Transaction Work Group Testing Sub Workgroup  
At [http://www.wedi.org/snip/public/articles/Testing\\_whitepaper082602.pdf](http://www.wedi.org/snip/public/articles/Testing_whitepaper082602.pdf)

**Type 1:** Electronic Data Interchange (EDI) syntax integrity testing – Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 syntax, and compliance with X12 rules. This will validate the basic syntactical integrity of the EDI submission.

**Type 2:** HIPAA syntactical requirement testing – Testing for HIPAA Implementation Guide-specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements, and segments. Also included in this type is testing for HIPAA-required or intra-segment situational data elements, testing for non-medical code sets as laid out in the Implementation Guide, and values and codes noted in the Implementation Guide via an X12 code list or table.

**Type 3:** Balancing – Testing the transaction for balanced field totals, financial balancing of claims or remittance advice, and balancing of summary fields, e.g., all claim line item amounts equal the total claim amount (see pages 19-22, Healthcare Claim Payment/Advice – 835 Implementation Guide).

**Type 4:** Situation testing – The testing of specific inter-segment situations described in the HIPAA Implementation Guides, such that: If A occurs then B must be populated. This is considered to include the validation of situational fields given values or situations present elsewhere in the file. Example: if the claim is for an accident, the accident date must be present.

**Type 5:** External code set testing – Testing for valid Implementation Guide-specific code set values and other code sets adopted as HIPAA standards. This will validate the code sets and make sure the usage is appropriate for any particular transaction and appropriate with the coding guidelines that apply to the specific code set. It validates external code sets and tables such as Common Physician Terminology (CPT), International Classification of Disease -9 (ICD-9), National Drug Codes (NDC), status codes, adjustment reason codes, and their appropriate use for the transaction.